IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Akira Shirakura et al.

Serial No. : 10/824,166
Filed : April 13, 2004
For : APPARATUS AND METHOD FOR PRODUCING PRINT
Date : August 18, 2005

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No fee is required.

The fee has been calculated as shown below.

Total claims in excess of 20 previously paid for, at \$50 (\$25) ____.

Independent claims in excess of 3 previously paid for, at \$200 (\$100) ____.

Additional Fee for this Amendment ____.

This response is being filed within the ____ first month, second month, ____ third month, ____ fourth month, ____ fifth month following the expiration of the term originally set therefor.
Applicants Petition for an extension, and the fee of ____ \$120 (\$60), \$450 (\$225),
\$1,020 (\$510), ____ \$1,590 (\$795), ____ \$2,160.00 (\$1,080.00) is due and paid herewith.

The fee of \$ ____ set by 37 C.F.R § 1.17(p) for the Information Disclosure Statement is due and paid herewith.

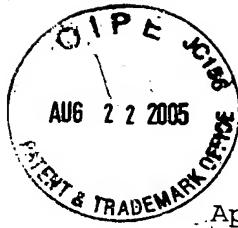
A check in the amount of \$ 450.00 is attached.

Please charge any additional fees or credit any overpayment to Deposit Account No. 03-3125.

COOPER & DUNHAM, LLP



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Group A.U. : 1734
Examiner : Michelle A. Lazor

I hereby certify that this paper is being deposited this date with
the U.S. Postal Service as first class mail addressed to:
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450

JAY H. MAIOLI
Reg. No. 27,213

Date
August 18, 2005

August 18, 2005
1185 Avenue of the Americas
New York, NY 10036
(212) 278-0400

AMENDMENT

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Official Action of April 11, 2005,
Applicants respectfully request that the above-identified
application be amended as follows:

Amendments to the claims are reflected in the listing of
claims that begins on page 2 of this Amendment.

The Remarks portion begins on page 5 of this Amendment.